



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES (DSHS)
JUVENILE REHABILITATION ADMINISTRATION (JRA)

FINANCIAL INFORMATION SHEET INSTRUCTIONS

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RE: _____

JRA Number: _____

Date of Birth: _____

Each financially responsible party (parent(s) or guardian of a minor child) must reimburse the State for costs of care provided to youths in the custody of the DSHS and JRA. We are authorized to adjust the commitment costs when information submitted shows an inability to pay full costs.

The information requested on the enclosed financial information sheet will enable us to make a fair decision based on financial ability. Please be as thorough as possible in your answers, and return the completed form in the enclosed postage-paid envelope.

If we do not receive a completed financial information sheet within fifteen days of the date of this letter, the responsible party will be held liable and billed at \$2300.00 per month.

If you have any questions about the financial information sheet, you may call _____
between the hours of 8:00 a.m. and 5:00 p.m., Monday through Friday and ask for:

Enclosures

DISTRIBUTION: White - Parent(s)

Yellow - Office of Financial Recovery

Pink - JRA